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ABSTRACT

To investigate the coping skills and adaptational outcomes among elderly survivors of the holocaust and a comparison group of aged individuals who did not endure extreme stress requires overcoming several methodological challenges. First, stress must be defined to include the personal meaning or evaluation of the sources of stress and its cumulative impact on the individual. Second, a scientifically sound sample must be selected by overcoming specific procedural obstacles, including universe identification, sampling bias, and gaining access to the population and control groups. The universe from which the sample is to be drawn must be identified, which may prove difficult in light of the poor enumeration of survivors. Volunteer bias in samples of survivors is potentially very high due to the prevalence of denial, as a means of defending against stress, in this population. The reluctance of survivors to participate may be the result of a variety of fears, including fear of reopening old wounds, stigma, self-disclosure, trivializing the experience, and misuse of information. Therefore, gaining access to survivors can be facilitated through sensitivity to their psychological needs. Finally, obtaining an adequate control group may be difficult due to the specificity of the population under study. Multiple comparison groups may be more appropriate. The third methodological challenge, carrying out interviews with survivors, has its own inherent obstacles, including problems of recall and structure. Clinically and ethically, interviewers must be experienced with exceptional populations and must be able to portray empathy, while remaining personally and emotionally uninvolved. (BL)

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METHODOLOGICAL ISSUES IN STUDYING ELDERLY POPULATIONS: LOOKING AT SURVIVORS OF THE HOLOCAUST

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The profound and wide ranging impact of stress on psychosocial functioning has been well documented (Goldberg and Breznitz, 1982). For a long time empirical research on the impact of stress has been largely limited to investigations of recent stressful life events and their sequelae. With increasing sophistication of stress research it is now recognized that more comprehensive considerations of stress are necessary for understanding the impact on health and psychosocial well-being. Consideration of the impact of stress on the elderly requires bringing together the methodological knowhow of both general stress research and gerontological research. The elderly are confronted with cumulative stresses of a lifetime and must face new life events, role changes, even internal changes at a point in their lives when their adaptive capacities and social resources may be diminished.

This paper is based on an ongoing research project which seeks to explore adjustments to aging by persons who have experienced extreme trauma and psychic stress earlier in their lives. Our focus is on survival skills and coping strategies which enable the elderly to successfully handle both cumulative stresses and recent life events. We are doing so by comparing coping skills and adaptational outcomes among elderly survivors of the holocaust and a comparison group of aged who did not endure extreme stress.

Methodological challenges confronted by this genre of research are formidable. Some of these are generalizable to: a) retrospective studies of the aged, b) studies of stress, coping and adaptation, c) studies of survivors, i.e., persons remaining after attrition, d) studies of victims, and e) studies

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of ethnic and religious minorities.

In this sense the experiences we want to share today may be pertinent to understanding late life adjustment among victims of wartime stress, victims of abuse, victims of natural disasters and of other forms of extreme stress. We define extreme stress as representing adverse life situations over which victims have limited control.

DEFINITIONAL ISSUES

Definitions of Stress

In arriving at an orientation to stress, this study follows generally accepted guidelines in the stress literature. Nevertheless, some important qualifications are also proposed.

A stressor is considered to be a stimulus that differs from the routine multiple stimuli encountered in our day-to-day interaction by its crucial nature and magnitude (Wolanin and Phillips, 1981). In contrast, a routine stimulus is one to which the organism can respond more or less automatically, one that poses no problems in adjustment. Accordingly, a stressor represents a demand made by the internal or external environment of an organism that upsets its homeostasis, restoration of which depends on non-automatic and not readily available energy expending action (Antonovsky, 1979). It is our contention that the individual's response, or definition of the situation, determines the degree to which an event constitutes a routine stimulus or a stressor. Thus, even when extreme stresses or life crises are experienced by individuals they will be perceived as stressful to different degrees and in different ways. It is further proposed that when stress occurs the outcome is determined by the possession and/or activation of resources commanded. Definition of stress

in this project is tied to the personal meaning or evaluation of various sources of stress. In this context, we go beyond earlier studies limited to consideration of discrete life crises typically considered in the life events literature (Rabkin and Struening, 1976; Holmes and Rahe, 1967).

Stress is considered in terms of its cumulative impact. Thus, survivors of the Holocaust 40 years after this extreme trauma are viewed as responding to cumulative effects of major life crises which they have experienced. These stresses encompass recent life events, life crises experienced during the post-Holocaust period, the trauma of the Holocaust and even earlier pre-Holocaust crises, e.g., loss of a parent in childhood. It is anticipated that the comparison groups of those who did not experience the Holocaust will have endured considerably less cumulative stress than did the survivors. Nevertheless, this group will be by no means devoid of life stress especially since they are immigrants to their respective homelands of the United States or Israel and furthermore, since as Jews in prewar Europe, many may have experienced discrimination or even persecution.

How applicable are conceptions developed in general stress research for the analysis and understanding of the impact of extremely stressful conditions? Some authors, dealing with natural disasters, prisoner of war camps, concentration camps, and combat conduct, have preferred not to use the term stress and have opted for the label "extreme situations" (Hass and Drabek, 1970). Wallace defines extreme stress situations as follows:

> Situations involving the threat of, or experience of any interruption of normally effective procedures for reducing certain tensions, together with a drastic increase in tensions, to the point of causing death or major personal and social readjustment, may be called extreme situations.
>
> (Wallace, 1956, p. 10)

Bettleheim and Torrance also prefer to use the terms "extreme conditions" and "extreme situations". Torrance (1965) suggests that distinctive elements in extreme situations are the lack of conventional social structure, the loss of anchor in reality, and the lack of ability to predict or anticipate outcomes. This formulation also has its basis in the description of concentration camp conditions (Bettleheim, 1960), where individuals had little or no ability to anticipate and predict outcomes on a day-to-day basis.

SAMPLING ISSUES

The lack of systematic studies of survivors in the past is due to a considerable extent to methodological problems inherent in selecting a scientifically sound sample.

A. Identifying the universe

In attempting to obtain a representative sampe of survivors we are confronted with the task of identifying the larger universe from which the sample is to be drawn. There has not been as of yet, a comprehensive enumeration of survivors in the U.S. or in Israel (the two countries in which the vast majority of survivors reside). Existing lists include, individuals who belong to local survivor organizations, those who attended either national or world gatherings of Holocaust survivors, or of persons who applied for reparations from Germany. In a few communties, surveys of the Jewish population have been conducted including questions identifying Holocaust survivors. Yet, all of these available samples suffer from problems of lack of representativeness. In the case of survivor organizations, only those who wish to label themselves as such will join. Our survey of survivors who attended the 1983 Washington gathering (Kahana,

Kahana, Harel and Mellor, 1983) reveals that only 40% of respondents are members of Holocaust organizations. The participants of the Washington conference probably excluded a significant proportion of elderly and frail individuals who were reluctant to make this 3 day trip. Regarding applicants for reparations, only those who were willing to go through the procedure of seeking reparations would constitute the sample.

B. Volunteer Bias in Samples of Survivors

One of the most prevalent (and potentially adaptive) defense mechanisms in coping with extreme stress is "denial" (Haan, 1977; Breznitz, 1983). Victims of trauma may frequently choose to avoid remembering and talking about their experiences and hence fear participation in an interview. Furthermore, in the case of survivors there has long been a "Conspiracy of silence" (Krystal, 1982) where survivors were subtly and even overtly socialized to avoid dwelling on their past. As this curtain of socially and personally imposed silence is slowly lifting, researchers must be particularly careful to consider potential sample bias due to characteristics of those who are willing to volunteer and talk about their experiences. Potential biases may be better mental health, greater ethnic and religious identification, greater self disclosure, a need for having a therapeutic experience through the interview process, greater assertiveness and a self-perception as a representative spokesman for other survivors. Additional sampling problems arise from the inaccessibility of those survivors who still speak English very poorly and who are therefore reluctant or unwilling to be interviewed. Researchers must make every effort to maximize participation of respondents. Yet they must also respect the rights of respondents for privacy, anonymity, selective denial and selective self-disclosure. The extent of sampling bias in

this population may be partially estimated by obtaining demographic information and other background data on those who refuse to participate (but who are willing to give the investigator some information about themselves).

In addition, reluctant respondents who eventually agree to be interviewed could be compared with respondents who readily volunteer. Some inferences may then be drawn regarding characteristics of refusers.

C. Gaining Access to Survivors - Overcoming Reluctance to Participate

In the course of our study we have been developing and improving our technique of gaining access to survivor groups and obtaining cooperation of individual survivors.

Familiarity with the ethnic/cultural and religious traditions of this group is mandatory in gaining entry to survivor groups. Credibility is further enhanced by participation of survivors on the research team. Participation in local and national activities of survivor organization adds to credibility as well as becoming part of the social network of survivors. As the network progresses, survivors will request the expertise of researchers in launching their projects and programs. Reciprocation is often necessary to maintain the flow of research.

Regarding cooperation of individual survivors, several approaches have been successful. The importance of documenting and memorializing the legacy of survivorship helps in the recruitment process. Reluctant interviewers may receive reassurance from respondents who have been interviewed. The focus of our project on the resources and coping skills of survivors rather than an exclusive investigation of psychopathology also allays respondents' fear to be interviewed.

Researchers should learn the variety of reasons for potential refusals and allay these underlying concerns. Some of the most commonly observed reasons for reluctance to be interviewed include:

a. fear of reopening old wounds

b. fear of stigma

c. fear of self disclosure

d. fear that outsiders won't understand

e. fear of trivializing the experience

f. fear that information may be misused or get into the wrong hands

In their paper on the present symposium, Streib et al. (1983) described cooperatiave, cautious, suspicious and uncooperative communities. These general descriptions may be readily applied to respondents in our study as well. In considering suspicion and uncooperative respondents, it should be noted that fear on the part of the ethnic aged of discrimination or rejection by the larger society often results in respondents' suspicion of the interviewer (Kahana and Felton, 1975).

Although discussing experiences associated with a traumatic period in their lives may be difficult for some survivors, our experiences in conducting pilot interviews as well as the experience of other investigators indicates that older persons are increasingly willing and even eager to discuss their experiences during the Holocaust. Recent media and public attention directed at the Holocaust has increased awareness by survivors about the importance of "bearing witness" to this episode in history so that future generations may remember lessons of the Holocaust. We have aimed to focus on opinions and reactions of older persons who have experienced extreme stress without exclusively dwelling on the Holocaust experiences. Consequently, even those older persons who do not wish to engage in a detailed recording of their

Holocaust experiences find it acceptable to participate. It must be recognized nevertheless that some individuals fitting study criteria shall choose to refuse participation and their wishes to do so must be respected.

D. Problems in Obtaining Control or Comparison Groups

In order to isolate the effects of extreme stress on survivors from ethnic/cultural factors as immigration variables, suitable comparison groups must be found. If a comparison group of Jewish immigrants are used, they too, have undergone the stressor of persecution prior to their escape or relocation to the U.S. If a non-Jewish group of immigrants is used, the match on culture/ethnicity is lost. The closest comparison groups of European immigrant Jews who have not experienced the Holocaust are German Jews who came to the U.S. within 10 years before World War II and Romanian Jews who lived in Europe during the war but experienced only limited persecution. These individuals, however, are also survivors in that they too were displaced or victimized by the Holocaust and often lost close relatives during this period.

The problems of obtaining adequate control comparison groups are at least in part generalizable to diverse studies of victims. One suggestion for optimizing the value of control groups is consideration of multiple comparison groups.

PROCEDURES

Recall and sequencing issues

Carrying out interviews with survivors about current life styles and earlier trauma presents numerous methodological challenges of its own.

The interview must of necessity cover a broad time span ranging from 1) early or pretraumatic experiences to 2) experiences during the period of

extreme stress, 3) postwar experiences covering the short term posttraumatic adjustment of responses, and 4) current life experiences.

Issues of recall are compounded in such situations by the emotionally charged nature of the material being reported, the advanced age of respondents and the long time period covered in the interview. Thus, differential short term vs. long term recall by the elderly and differential recall of traumatic vs. neutral subject matter may all come into play.

To minimize problems of recall and to facilitate accurate reporting of data, great care has been taken in designing and standarizing interviews. The first part of the interview deals primarily with respondents' current life situation and covers relatively neutral material. The second part of the interview provides a great deal of structure and many anchor points to help respondents in presenting accurate chronology. This life review type interview is divided into three parts covering the pretraumatic period, the period of the Holocaust and the postholocaust period. In this manner the most emotionally charged portion of the interview is situated between two relatively more neutral segments.

In designing the interview questions necessitating time specific recall should be limited to major, personally salient and readily recalled events. Good examples of such questions are presented by Antonovsky's (1979) Index of Cumulative Life Stress which includes questions about trauma long in respondents' lives.

An added problem has been found in following structured interview format because of respondents' great need and desire to recount in detail experiences of great personal salience. Furthermore, a winddown period also appears necessary.

The interview has been planned to be completed in two sessions, of

about 1½ hours each, to minimize the impact of fatigue on respondents. However, our experiences have led us to modify interviewing procedures to fit with personal needs and preferences of respondents. Thus, we have found that while the majority respond well to the warm up period provided by the first interview focusing on present life experiences, others are impatient and eager to plunge into a recounting of their traumatic experiences. Belying our past experience with gerontological interviews, many respondents insist on completing both segments of the interview in one sitting. For those who experience a sense of positive catharsis by talking about past trauma and current mastery, 3 or even 4 hours appear too short a time period and frequently the interview is terminated by exhaustion of the interviewer rather than of the respondent. Thus, it appears that fatigue observed in elderly respondents by gerontological researchers may at least in part be a function of the lack of ego involvement on the part of respondents in the material covered.

CLINICAL AND ETHICAL ISSUES IN CONDUCTING THE INTERVIEW

In dealing with victims of extreme stress and their psychiatric trauma, clinical and ethical considerations assume special importance. Researchers are well aware of these issues when studying clinical populations. Volunteers who are recruited from non-clinical populations who are nevertheless at risk, require similar considerations. Interviewers must portray empathy while remaining personally and emotionally uninvolved. Interviewers must have experience working with exceptional populations. Respondents depict a wide variety of resources to the interview ranging from little display of emotion coupled with obsessional preoccupations with minor details to crying, cursing and other extreme displays of feeling. In some instances, display of emotion

did not occur in those segments of the interview which dealt specifically with traumatic holocaust events. In other situations it appeared that psychic wounds which were apparently "healed by time" were reopened during the interview and given an opportunity to be worked through. Thus, respondents who were unable to deal with grief immediately after the holocaust (they had to quickly reestablish themselves economically and socially) were able to reexperience grief during the interview session. In cases characterized by late life bereavement, respondents were able to experience a therapeutic resolution.

Only a small proportion of survivors had ever sought professional counseling or therapy for mental health problems created by the trauma of the Holocaust. At times respondents volunteer for the interview as a means of obtaining psychotherapeutic help. In this regard it is particularly helpful to establish a referral network of mental health professionals who have expertise in dealing with victims of extreme stress, particularly Holocaust stress. Such expertise needs to include a comprehensive understanding of the history and geography of the Holocaust, ethnicity factors, psychiatric and social science literature regarding survivors and experience in treating survivors.

Additional issues are raised with regard to differential self disclosure of respondents to interviews vis-a-vis to their own family. At times respondents state that the material discussed in the interview had never been shared with family members or even with their spouses. Some respondents are extremely concerned about anonymity and confidentiality while others have a strong need to bear witness and to disseminate and publicize their experiences.

The sharing of strong emotional experiences during the interview has produced, in a number of instances, a strong bond between respondent and interviewer. In these cases we found it useful to conduct brief follow-up interviews and telephone calls. Respondents were told to feel free to contact the interviewer should they feel like conveying additional information or feelings regarding themselves and the Holocaust.

In addition to theoretical and methodological concerns raised in undertaking this study, ethical considerations appear. Understanding any applied social research endeavor provokes a discrepancy between the roles of researcher and practitioner. Inquiry about the vulnerabilities of older people without offering any support for overcoming those vulnerabilities is justifiable within the realm of traditional scientific orientations, but the ethics of such an approach may be questioned. Our uneasiness in restricting ourselves to purely research roles has been exacerbated by phone calls from potential respondents who, on reading newspaper descriptions of the project, expressed personal need for mental health services. Our major commitment has to be to the research effort and we recognize the problem of biasing results by getting involved in intervention with respondents. We also lack funds and manpower for service provision. Nevertheless, in considering our ethical responsibility to respondents in need of assistance, we provide a list of local agencies providing social and mental health services to older adults in general and survivors in particular.

We are hopeful that our experiences in studying older people who have endured the extreme trauma of the Holocaust raised special issues useful to other investigators working in diverse areas of gerontological research. Nevertheless, we must recognize that some of the issues considered are unique to dealing with persons who have endured one of the most horrendous efforts known to men to dehumanize and systematically exterminate a group of human beings. In this sense it is difficult to attempt to describe and analyze the impact of the Holocaust using dimensions and scientific terminology which have been devised for much more ordinary and far less malevolent human experiences. The investigators share a serious concern about potential

trivialization of the Holocaust by setting it within the framework of the ordinary stress literature. Nevertheless, they are also acutely aware of the danger of avoiding scientific studies of the Holocaust and the consequent loss of documentation for both the social and behavioral sciences and mankind in general of any potential understanding of the characteristics, problems and abilities of the extraordinary minority of persons who survived the Holocaust and managed to reach old age in the aftermath of that experience. The present study aims to document the impact of severe stress, survival skills and strength as well as problems of survivors.

An important and potentially dangerous implication of previous research conducted on survivors of the Holocaust thus far is the tendency to blame the victim in subtle and not so subtle ways. Thus, the focus has not been primarily on the nature of the extreme stress or the often valiant efforts by victims to cope with indescribably adverse circumstances. Instead, we are often confronted with a laundry list of negative adjectives focusing on psychopathology in these victims. The present study aims to bring both a more comprehensive and humanistic perspective to understanding adaptation of elderly survivors of the Holocaust.

Ultimately, we feel there is an optimistic aspect of studying elderly survivors of extreme trauma. Their triumph in coping with physical, emotional and social stresses associated with aging superimposed on having survived the indescribable trauma of the Holocaust bear ultimate witness to the triumph of human endurance.

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